



Date Received _____ Operator No. _____

Statement of Gross Proceeds of Metal Mines

For year ending December 31, 20_____

Title 15, Chapter 23, Part 8, MCA

Federal ID _____

Name _____

Address _____

Telephone _____

Contact Name _____

Tons of ore extracted during production year _____

Smelter Name	Address
_____	_____
_____	_____
_____	_____

Type of Mineral	Quantity	Gross Value of Product
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Gross Value \$ _____

For Internal Use Only

Mineral Exemption	_____
Assessed Value	_____
Taxable %	_____
Taxable Value	_____

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief the information contained herein is true, correct, complete and in compliance with applicable Montana statutes and regulations.

Signature of Principal Office or Agent

Date

Date due: On or before March 31st. Penalties and interest apply on all delinquent reports pursuant to 15-23-104, MCA.

Mail to: Montana Department of Revenue, P.O. Box 5805, Helena, MT 59604-5805